

## Current Benefits Effective 10/01/2009

### Sumter County Board of County Commissioners

BlueOptions 3559 \$500 Deductible	
<b>Financial Features - Amount Member Pays</b>	
<b>Calendar Year Deductible (CYD)</b>	
Per Person/Family Aggregate	
In-Network	\$500 / \$1,500
Out-of-Network	\$750 / \$2,250
<b>Coinsurance (Coins)</b>	
Percentage of covered services paid by member	
In-Network	20%
Out-of-Network	40%
<b>Out-of-Pocket Maximum</b>	Includes CYD, Coins, Copays; Excludes Rx
Per Person/Family Aggregate per Calendar Year	
In-Network	\$2,500 / \$5,000
Out-of-Network	\$5,000 / \$10,000
<b>Lifetime Maximum</b>	\$5,000,000
<b>Office Services</b>	
<b>Office visits</b>	
In-Network Family Physician/PCP (FP)	\$20
In-Network Specialist	\$40
Out-of-Network Provider	CYD + Coins
<b>Advanced Imaging Services</b> (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	\$150
Out-of-Network Provider	CYD + Coins
<b>Maternity</b> (due at initial visit only)	
In-Network Specialist	Specialist Copay
Out-of-Network Provider	CYD + Coins
<b>Allergy Injections</b> (by In-Network Family Physician)	\$10
<b>Prescription Drugs</b> (Includes mandatory generic, step therapy, responsible dose, responsible quantity and other pharmacy management programs)	
<b>Retail (31 days)</b>	
Generic/Preferred Brand/Non-Preferred	\$5 / \$25 / \$50
<b>Mail Order (90 days)</b>	
Generic/Preferred Brand/Non-Preferred	\$10 / \$50 / \$100
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center Facility Services</b>	
In-Network	\$100
Out-of-Network	CYD + Coins
<b>Inpatient Hospital Facility Services</b> (per admit)	
In-Network	Option 1 - \$600 Option 2 - \$1,000
Out-of-Network	CYD + Coins
<b>Outpatient Hospital Facility Services</b> (per visit)	
In-Network	Option 1 - \$200 Option 2 - \$300
Out-of-Network	CYD + Coins
<b>Therapy at Outpatient Hospital (CYM)</b>	\$5,000
In-Network	Option 1 - \$45 Option 2 - \$60
Out-of-Network	CYD + Coins
<b>Emergency Medical Care</b>	
<b>Urgent Care Centers</b>	
In-Network	\$45
Out-of-Network	CYD + Coins
<b>Emergency Room Facility Services</b>	
In-Network	\$100
Out-of-Network	\$200
<b>Ambulance</b>	
Ground/Air & Water per day max	\$5,000 Combined
In-Network	CYD + Coins
Out-of-Network	In-Network CYD + Coins
<b>Preventive Care</b>	



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<b>Adult Wellness Annual Benefit Maximum</b> In-Network Out-of-Network	No Maximum \$150
<b>Routine Adult Physical Exams and Immunizations</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
<b>Well Woman Exam</b> (e.g., Annual GYN) In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
<b>Mammograms</b> (member cost; in- and out-of-network) (Only allowed for age 40 and older)	\$0
<b>Colonoscopy</b> BlueOptions: Routine screening only for age 50+ covered at 100% of allowed amount; In and Out of Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0
<b>Well Child</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
<b>Outpatient Diagnostic Services</b>	
<b>Independent Diagnostic Testing Facility</b> (includes physician services) <b>Advanced Imaging Services</b> (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network Provider <b>Other IDTF Services</b> (e.g. X-ray) In-Network Out-of-Network Provider	\$150 CYD + Coins \$50 CYD + Coins
<b>Independent Clinical Lab</b> (e.g. blood work) In-Network Out-of-Network	\$0 CYD + Coins
<b>Outpatient Hospital Facility Services</b> (per visit) In-Network Out-of-Network	\$200 / \$300 CYD + Coins
<b>Mental Health and Substance Abuse</b>	
<b>Mental Health</b> - CYM inpatient/outpatient Inpatient Hospital Facility Services (per admit) In-Network  Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network Provider	30 days/20 visits  Option 1 - \$600 Option 2 - \$1,000 CYD + Coins  \$40 CYD + Coins
<b>Substance Dependency Care &amp; Treatment (LTM)</b> Inpatient Hospital Facility Services (per admit) In-Network  Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network Provider	\$2,500  Option 1 - \$600 Option 2 - \$1,000 CYD + Coins  \$40 CYD + Coins
<b>Other Provider Services</b>	
<b>Provider Services at Hospital and ER</b> In-Network & Out-of-Network	CYD + 20% Coins
<b>Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center</b> In-Network & Out-of-Network	CYD + 20% Coins
<b>Provider Services at Locations other than Office, Hospital and Emergency Room</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	CYD + Coins CYD + Coins CYD + Coins



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<b>Home Health Care (CYM)</b> In-Network Out-of-Network	\$2,500 CYD + Coins CYD + Coins
<b>Outpatient Therapy &amp; Spinal Manipulations (CYM) Refer to location of service for payment details</b> Combined Cardiac, Occupational, Physical, Speech, Massage and Spinal Manipulations Benefit Maximum	\$5,000
<b>Skilled Nursing Facility (CYM)</b> In-Network Out-of-Network	60 days CYD + Coins CYD + Coins
<b>Hospice (LTM Combined Inpatient &amp; Outpatient)</b> In-Network Out-of-Network	No Maximum CYD + Coins CYD + Coins

**This is not an insurance contract or Benefit Booklet.** The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

Dental Coverage		
<b>Deductible</b> <i>Deductible does not apply to Class I Preventive Services</i>		\$50 per person per calendar year
Calendar Year Maximum (per person)		\$1,500 per person
Orthodontic Lifetime Maximum (per person)		\$1,500 per person
Benefits	In Network	Out-Of-Network
<b>Class I - Preventive Services</b>	100%	100%
Oral examinations, routine cleanings, fluoride treatments		
<b>Class II - Basic Services</b>	80%	80%
Fillings, root canals, periodontal treatment and oral surgery		
<b>Class III - Major Services</b>	50%	50%
Crowns, bridges, partials and dentures		
<b>Class IV- Orthodontic Services</b>	50%	50%
(Child only to age 19)		
<ul style="list-style-type: none"> <li><i>In-Network benefits are payable based on the Plan's PPO Area Schedule for services provided by a contracted dentist.</i></li> <li><i>Out-of Network benefits are payable for services rendered by a dentist who is not a participating provider. Reimbursements are based on the 90<sup>th</sup> percentile of reasonable and customary charges.</i></li> <li><i>In-Network Orthodontic Providers provide a 20% discount of their usual &amp; reasonable fees.</i></li> </ul>		

